



**State Training
Academy II
October 2-3, 2005
Holiday Inn – Mitchell, SD**

- ☐ Complete Registration form
- ☐ Make a copy of registration for your records.
- ☐ Include \$30 registration fee per participant.
(Make checks payable to SD FCCLA)
- ☐ Return postmarked by September 15, 2005 to Julie Bell
239 NFA, SDSU Box 2275A, Brookings, SD 57007

Name of School/Chapter: _____

Adviser Registration Information:

Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

School Phone: _____ School Fax: _____ Home Phone: _____

E-Mail Address: _____

Home Address: _____

Student Leaders Registration Information:

1. Member Name: _____ Grade Level: _____

Home Address: _____

City: _____ State: _____ Zip: _____

2. Member Name: _____ Grade Level: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Chapter Commitment

By registering for this event, we agree to conduct a STOP the Violence program in our school.

Member

Member

Adviser